

EXHIBIT “D”

INSTRUCTIONS: Submit an original and 4 copies of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located. If more space is required for any one item, attach additional sheets, numbering item accordingly.

The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

1. **PURPOSE OF THIS PETITION** (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)

RC-CERTIFICATION OF REPRESENTATIVE – a substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.

RM-REPRESENTATION (EMPLOYER PETITION) – One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representatives of employees of Petitioner.

RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) – A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.

UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) – Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.

UC-UNIT CLARIFICATION – A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) In unit not previously certified. In unit previously certified in Case No. _____

AC-AMENDMENT OF CERTIFICATION – Petitioner seeks amendment of certification issued in Case No. _____

Attach statement describing the specific amendment sought.

2. Name of Employer Siegmund Strauss Inc.	Employer Representative to contact Stanley Mayer	Telephone Number (718) 665-8289
3. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 110 East 149 th Street, Bronx, NY 10451		Telecopier Number (Fax) (718) 585-3141

4. Type of Establishment (Factory, mine, wholesaler, etc.) Food wholesaler	4b. Identify principal product or service Sale of food
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5. Unit involved (in UC petition, describe present bargaining unit and attached description of proposed clarification.) See Exhibit A	6a. Number of Employees in Unit: Present Approximately 25 Proposed (By UC/AC)
	6b. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable.)

7a. <input checked="" type="checkbox"/> Request for recognition as Bargaining Representative was made on (Date) recognition on or about (Date) _____ (If no reply received, so state.)	and Employer declined
7b. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	

8. Name of Recognized or Certified Bargaining Agent (if none, so state.) Richard Abandolo	Affiliation Change to win
Address, Telephone No. and Telecopier No. (Fax) Local 342, UFCW, 166 East Jericho Tpke., Mineola, NY 11501	Date of Recognition or Certification Between 1962 - 1967

9. Expiration Date of Current Contract. If any (Month, Day, Year) October 31, 2008	10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day, and Year)
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes <input checked="" type="checkbox"/> No _____	11b. If so, approximately how many employees are participating? 0
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11c. The Employer has been picketed by or on behalf of (Insert Name) organization, of (Insert Address) 110 East 149 th Street, Bronx, NY 10451	Local 342, CFWC, change to win Since (Month, Day, Year) Sat., 5/26/07
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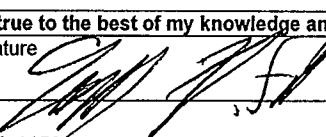
12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state.)
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Name	Affiliation	Address	Date of Claim
			Telecopier No. (Fax)

13. Full name of party filing petition (if labor organization, give full name, including local name and number) Siegmund Strauss Inc.
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14a. Address (Street and number, city, state, ZIP code) 110 East 149 th Street, Bronx, NY 10451	14b. Telephone Number (718) 665-8289
	14c. Telecopier No. (Fax) (718) 585-3141

15. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when petition is filed by a labor organization)
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.		
Name (Print) Jonathan D. Farrell, Esq.	Signature 	Title (if any) Attorney
Address (Street and number, city, state, ZIP code) Meltzer, Lippe, Goldstein & Breitstone, LLP, 190 Willis Ave., Mineola, NY 11501		Telephone Number (516) 470-0111
		14c. Telecopier No. (Fax) (516) 237-2893

FORM NLRB-502
(3-98)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

DO NOT WRITE IN THIS AREA

Case
2-RD-1555Date Filed
6/8/07

INSTRUCTIONS: Submit an original and 4 copies of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located. If more space is required for any one item, attach additional sheets, numbering item accordingly. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
 - RC-CERTIFICATION OF REPRESENTATIVE - a substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.
 - RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representatives of employees of Petitioner.
 - RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
 - UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
 - UC-UNIT CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) In unit not previously certified. In unit previously certified in Case No. _____
 - AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. _____

Attach statement describing the specific amendment sought.

2. Name of Employer Siegmund Strauss Inc.	Employer Representative to contact Stanley Mayer	Telephone Number (718) 665-8289
3. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 110 East 149 th Street, Bronx, NY 10451		Telecopier Number (Fax) (718) 585-3141
4. Type of Establishment (Factory, mine, wholesaler, etc.) Food wholesaler	4b. Identify principal product or service Sale of food	6a. Number of Employees in Unit: Present Approximately 25
5. Unit involved (in UC petition, describe present bargaining unit and attached description of proposed clarification.)		Proposed (By UC/AC)
		6b. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Not applicable in RM, UC, and AC and Employer declined*

SEE EXHIBIT A

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable.)		
7a. <input type="checkbox"/> Request for recognition as Bargaining Representative was made on (Date) recognition on or about (Date)	(if no reply received, so state.)	
7b. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		
8. Name of Recognized or Certified Bargaining Agent (if none, so state.) Richard Abandolo	Affiliation Change to win	Date of Recognition or Certification Between 1962 - 1967
Address, Telephone No. and Telecopier No. (Fax) Local 342, UFCW, 166 East Jericho Tpke., Mineola, NY 11501		
9. Expiration Date of Current Contract. If any (Month, Day, Year) October 31, 2008	10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day, and Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) Involved? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	11b. If so, approximately how many employees are participating? 0	
11c. The Employer has been picketed by or on behalf of (Insert Name) organization, of (Insert Address) Local 342, CFWC, change to win	Since (Month, Day, Year) Sat., 5/26/07 a labor	
12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state.)		

Name	Affiliation	Address	Date of Claim
			Telecopier No. (Fax)

13. Full name of party filing petition (if labor organization, give full name, including local name and number) Franklin Ponce by his attorney, Raymond Nardo, Esq.	14b. Telephone Number (516) 248-2121
14a. Address (Street and number, city, state, ZIP code) Law Office of Raymond Nardo, 129 Third Street, Mineola, NY 11501	14c. Telecopier No. (Fax) (516) 742-7875

15. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when petition is filed by a labor organization)	
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Raymond Nardo, Esq.	Signature	Title (if any) Attorney
Address (Street and number, city, state, ZIP code) 129 Third Street, Mineola, NY 11501		Telephone Number (516) 248-2121
		14c. Telecopier No. (Fax) (516) 742-7875

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C. 5512

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
2-CA-38281	5/31/07

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Sigmund Strauss, Inc.	b. Number of Workers Employed 30
c. Address (street, city, State, ZIP, Code) 520 Exterior Street Bronx, NY 10451	d. Employer Representative Marc Strauss
e. Telephone No. (718) 665-2756	f. Type of Establishment (factory, mine, wholesaler, etc.) Wholesale
Fax No. (718) 585-3141	g. Identify Principal Product or Service Food Products
h. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of Section 8(a), subsections (1) and (2) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.	

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices.)

Within a six (6) month period of the filing of this Charge, the Employer, through its officers, agents and representatives violated the current Collective Bargaining Agreement, including, but not limited to Articles 1, 2, 3, 4, 5, 6, 8, 14, 15, 16, 17, 18, 19, 21, 26 and 28 in violation of the Act.

Within a six (6) month period prior to the filing of the within Charge, the Employer, by its officers, agents and representatives, in derogation of the rights guaranteed in Section 7 of the Act, and in order to discourage membership in the Union, has refused to allow the Union to have employees sign Union authorization cards and/or has discouraged and/or directed employees not to sign Union authorization cards in violation of the Collective Bargaining Agreement and the Act.

Within a six (6) month period prior to the filing of the within Charge, the Employer, by its offices, agents and representatives interfere with the Union's representation of employees employed by the Employer and engaged in direct dealing with employees in violation of the Collective Bargaining Agreement and the Act.

Within a six (6) month period of time prior to the filing of the within Charge, the Employer by its offices, and agents and representatives violated the Collective Bargaining Agreement and the Act by refusing to supply the Union with information to which the Union is entitled in order to fulfill its obligation to represent its members when it refused to supply the Union with information concerning employees employed by the Employer.

Within a six (6) month period prior to the filing of the within Charge, the Employer, by its offices, agents and representatives unilaterally changed the working conditions of the bargaining Union members without notice and/or offer to bargain by promising its employees money if it did not sign a Union authorization card and join the Union in violation of the Collective Bargaining Agreement and the Act.

* SEE ATTACHED SHEET*

By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights guaranteed in Section 7 of the Act.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

United Food and Commercial Workers Union, Local 342

4a. Address (street and number, city, State, and ZIP Code) 166 East Jericho Turnpike Mineola, New York 11501	4b. Telephone No. 516-747-5980
	Fax No. 516-747-7961

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filed in when charge is filed by a labor organization)

United Food and Commercial Workers International Union

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By _____

(Signature of representative or person making charge)

Address 166 East Jericho Turnpike, Mineola, New York 11501

General Counsel

Fax No. 516-747-7961	(Title, if any)
516-747-5980	May 31, 2007
(Telephone No.)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)